

7. S. No. 2  
FORM-2-43  
5-17-39  
PI X35697

21558

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUN 18 1943

Primary Registration District No. 5568

Registrar's No. 149

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Farmount (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Farmount Park Lake (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 months (Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Farmount (If outside city or town limits, write "RURAL")

(d) Street No. 10800 Indep. Ave. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME RAYMOND E. LANGLEY.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 21-1932 (Month) (Day) (Year)

8. AGE: Years 11 Months 3 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Osceola, Missouri (City, town or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business at school

12. Name John E. Langley

13. Birthplace Washita Co. Oklahoma (City, town or county) (State or foreign country)

14. Maiden name Essie May

15. Birthplace Osage Co. Oklahoma (City, town or county) (State or foreign country)

16. (a) Informant John E. Langley

(b) Address 10800 Indep. Ave

17. (a) Removal (b) Date thereof 5/30/43 (Month) (Day) (Year)

(c) Place: burial or cremation Osceola Mo.

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence Mo.

19. (a) 5-30-43 (Date received local registrar) (b) Damsalt Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1943 hour 10 minute a M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Death by drowning

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy respiration and beating

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_ 048

(b) Date of occurrence May 29 1943

(c) Where did injury occur Farmount Park Lake Jackson Co Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? John Carson

While at work? no (Specify type of place) (e) Means of injury Boat

23. Signature John Carson 3 (Name of other) (Date signed) \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Y. V. H. L. O. W. N. A.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *Paul H. B.*

Licensed Embalmer No. 2467

P. O. Address Indep. mo.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING.** (Failure to comply with the above constitutes grounds for revocation of license.)

**If this body is not embalmed, fact should be so stated above.**